## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents AUG 0 5 2005

P.O. Box 1450 Alexandria, Virginia 22313-1450

\			or <u>Fax</u>	(703) 746-4000			
INSTRUCTIONS: This fo appropriate. All further co- indicated unless corrected maintenance fee notification	rm should be used for tran rrespondence including the l below or directed otherwise ns.	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and PUB ders and notificati ) specifying a new	LICATION FEE (if requestion of maintenance fees correspondence address	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  25944 7590 05/06/2005				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
OLIFF & BERRI P.O. BOX 19928 ALEXANDRIA, V /08/2005 MBEYENE2 00000	IDGE, PLC /A 22320			Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
				(Depositor's name)			
FC:1501 FC:1504					· · · · · · · · · · · · · · · · · · ·	(Signature) (Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED IN		ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/987,175	09/987,175 11/13/2001		Yoshiyuki Ito		111099	6533	
	MAGE FORMING DEVICE			PUDLICATION FFF	TOTAL FEE(S) DUE	DATE DUE	
APPLN. TYPE		ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	08/08/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS	J		
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The endersy indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
					nee is identified below, the d	locument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
BROTHER KOGYO KABUSHIKI KAISHA Nagoya, Japan  Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual Corporation or other private group entity Government							
					Corporation or other private gr	oup entity Government	
4a. The following fee(s) are enclosed:  3 Issue Fee  4 Publication Fee (No small entity discount permitted)  4 Advance Order - # of Copies			4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed. Ck# 169451 (\$1700')  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0461 (enclose an extra copy of this form).				
_ `	(from status indicated above MALL ENTITY status. See	•			ALL ENTITY status. See 37 C	71.7	
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu ublication Fee (if required) v ords of the United States Pate	ue Fee and Publicat vill not be accepted ent and Trademark	tion Fee (if any) or I from anyone othe Office.	to re-apply any previous r than the applicant; a reg	sly paid issue fee to the applications and its state of the same o	ation identified above. he assignee or other party in	
Authorized Signature	Authorized Signature Slint R. David			Date August 5, 2005			
Typed or printed name _	Kurt P. Goudy			Registration No. <u>52,954</u>			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.